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1645

PTO/SB/21 (05-03)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/085,862	
	Filing Date	FEBRUARY 27, 2002	
	First Named Inventor	PETER A. CASTRIC	
	Art Unit	1645	
	Examiner Name	ALBERT MARK NAVARRO	
Total Number of Pages in This Submission	15	Attorney Docket Number	049450-00172

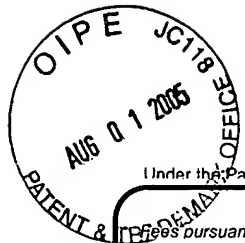
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	TARA L. PFAEFFLE ECKERT SEAMANS CHERIN & MELLOTT, LLC
Signature	<i>Tara L. Pfaeffle</i>
Date	July 28, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	TARA L. PFAEFFLE		
Signature	<i>Tara L. Pfaeffle</i>	Date	July 28, 2005

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Effective on 12/08/2004.

PTO fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 65.00

### Complete if Known

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Filing Date	FEBRUARY 27, 2002
First Named Inventor	PETER A. CASTRIC
Examiner Name	ALBERT MARK NAVARRO
Art Unit	1645
Attorney Docket No.	049450-00172

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 02-02556 Deposit Account Name ECKERT SEAMANS CHERIN & MELLOTT, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 20 or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 3 or HP = _____ x _____ = _____						
HP = highest number of independent claims paid for, if greater than 3						

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: TERMINAL DISCLAIMER FEE

Fees Paid (\$)

\$65.00

#### SUBMITTED BY

Signature	<i>Tara L. Pfeiffer</i>	Registration No. (Attorney/Agent)	52,605	Telephone	412.566.5941
Name (Print/Type)	TARA L. PFEIFFER			Date	JULY 28, 2005

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